

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

In re: §
§
MACKI, ALBERT K § Case No. 09-73028
MACKI, KAREN L §
§
Debtor(s) §

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

DANIEL M. DONAHUE, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: 153,590.00
(Without deducting any secured claims)

Assets Exempt: 46,300.00

Total Distributions to Claimants: 3,991.18

Claims Discharged

Without Payment: 304,804.25

Total Expenses of Administration: 4,009.87

3) Total gross receipts of \$ 8,001.05 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$ 0.00 (see **Exhibit 2**), yielded net receipts of \$ 8,001.05 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from Exhibit 3)	\$ 109,172.19	\$ 0.00	\$ 0.00	\$ 0.00
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4)	NA	4,009.87	4,009.87	4,009.87
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from Exhibit 5)	NA	NA	NA	NA
PRIORITY UNSECURED CLAIMS (from Exhibit 6)	15,101.00	12,706.29	12,706.29	3,991.18
GENERAL UNSECURED CLAIMS (from Exhibit 7)	146,521.00	238,309.14	238,309.14	0.00
TOTAL DISBURSEMENTS	\$ 270,794.19	\$ 255,025.30	\$ 255,025.30	\$ 8,001.05

4) This case was originally filed under chapter 7 on 07/22/2009 . The case was pending for 23 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 05/31/2011 By: /s/DANIEL M. DONAHUE
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO
FINAL ACCOUNT**

EXHIBIT 1 – GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE ¹	\$ AMOUNT RECEIVED
1999 Peterbilt 379 (w/related ????)	1129-000	8,000.00
Post-Petition Interest Deposits	1270-000	1.05
TOTAL GROSS RECEIPTS		\$ 8,001.05

¹The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
NA		NA	NA
TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES			\$ 0.00

EXHIBIT 3 – SECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
	Alpine Bank PO Box 6086 Rockford, IL 61125		6,650.00	NA	NA	0.00
	Chase Home Finance PO Box 9001871 Louisville, KY 40290-1871		98,667.19	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
	Rosecrance 1601 University Drive Rockford, IL 61107		3,855.00	NA	NA	0.00
TOTAL SECURED CLAIMS			\$ 109,172.19	\$ 0.00	\$ 0.00	\$ 0.00

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
DANIEL M. DONAHUE, TRUSTEE	2100-000	NA	1,550.11	1,550.11	1,550.11
MCGREEVY WILLIAMS	3110-000	NA	2,383.00	2,383.00	2,383.00
MCGREEVY WILLIAMS	3120-000	NA	76.76	76.76	76.76
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		\$ NA	\$ 4,009.87	\$ 4,009.87	\$ 4,009.87

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA	NA	NA	NA	NA	NA
TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES		\$ NA	\$ NA	\$ NA	\$ NA

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Internal Revenue Service Cincinnati, OH 45999		15,101.00	NA	NA	0.00
000009B	DEPARTMENT OF THE TREASURY	5800-000	NA	12,706.29	12,706.29	3,991.18
TOTAL PRIORITY UNSECURED CLAIMS			\$ 15,101.00	\$ 12,706.29	\$ 12,706.29	\$ 3,991.18

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Anatoly Rozman 940 South Mulford Rockford, IL 61108		240.00	NA	NA	0.00
	Camelot Radiology 190 Buckley Drive Rockford, IL 61109		1,840.00	NA	NA	0.00
	Capital One Bank PO Box 6492 Carol Stream, IL 60197- 6492		2,959.00	NA	NA	0.00
	Elder-Beerman PO Box 17264 Baltimore, MD 21297-1264		1,890.00	NA	NA	0.00
	Household Bank PO Box 17051 Baltimore, MD 21297- 1051		676.00	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Illinois Joint & Bone NEED ADDRESS		265.00	NA	NA	0.00
	JC Penney PO Box 960090 Orlando, FL 32896-0090		2,175.00	NA	NA	0.00
	Kohl's PO Box 3004 Milwaukee, WI 53201-3004		1,620.00	NA	NA	0.00
	Kurt Jensen 6050 Brynwood Rockford, IL 61104		92.00	NA	NA	0.00
	OSF Lifeline 1706 Rural Rockford, IL 61104		219.00	NA	NA	0.00
	OSF Lifeline 1706 Rural Rockford, IL 61104		445.00	NA	NA	0.00
	OSF Lifeline 1706 Rural Rockford, IL 61104		219.00	NA	NA	0.00
	OSF St. Anthony PO Box 5065 Rockford, IL 61125- 0065		414.00	NA	NA	0.00
	Perryville Surgical Associatioin 535 Roxbury Rockford, IL 61107		4,455.00	NA	NA	0.00
	Radiology Consultant Of Rockford 1401 East State Street Rockford, IL 61104		1,089.00	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Rockford Anesthesiologists 2202 Harlem Road Loves Park, IL 61111		1,955.00	NA	NA	0.00
	Rockford Anesthesiologists 2202 Harlem Road Loves Park, IL 61111		2,645.00	NA	NA	0.00
	Rockford Health Physicians 2300 North Rockton Rockford, IL 61103		103.00	NA	NA	0.00
	Rockford Health Physicians 2300 North Rockton Rockford, IL 61103		63.00	NA	NA	0.00
	Rockford Health Physicians 2300 North Rockton Rockford, IL 61103		1,766.00	NA	NA	0.00
	Rockford Medical Rehab 950 South Mulford Rockford, IL 61108		738.00	NA	NA	0.00
	Rockford Orthopedics Association 324 Roxbury Road Rockford, IL 61107		15,525.00	NA	NA	0.00
	Rockford Surgical 5668 East State St. Rockford, IL 61108		536.00	NA	NA	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Swedish American Hospital PO Box 4448 Rockford, IL 61110		304.00	NA	NA	0.00
	Swedish American Hospital PO Box 4448 Rockford, IL 61110		262.00	NA	NA	0.00
	Swedish American Hospital PO Box 4448 Rockford, IL 61110		184.00	NA	NA	0.00
000003	ATTORNEY TERRY HOSS	7100-000	NA	4,455.00	4,455.00	0.00
000004	ATTORNEY TERRY HOSS	7100-000	NA	77.00	77.00	0.00
000001	CARLSON ORTHOPEDIC CLINIC	7100-000	22,702.00	22,702.34	22,702.34	0.00
000002	CARLSON ORTHOPEDIC CLINIC	7100-000	NA	22,702.34	22,702.34	0.00
000005	CARLSON ORTHOPEDIC CLINIC	7100-000	NA	22,702.34	22,702.34	0.00
000006	CHASE BANK USA NA	7100-000	2,420.00	2,622.40	2,622.40	0.00
000007	CHASE BANK USA,N.A	7100-000	NA	1,678.19	1,678.19	0.00
000009A	DEPARTMENT OF THE TREASURY	7100-000	NA	385.73	385.73	0.00

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000010	GE MONEY BANK	7100-000	NA	2,259.30	2,259.30	0.00
000008	OSF SAINT ANTHONY MEDICAL CENTER	7100-000	78,720.00	78,713.55	78,713.55	0.00
000011	OSF ST. ANTHONY MEDICAL CENTER	7100-000	NA	78,713.55	78,713.55	0.00
000012	ROCKFORD MERCANTILE AGENCY INC	7100-000	NA	1,297.40	1,297.40	0.00
TOTAL GENERAL UNSECURED CLAIMS			\$ 146,521.00	\$ 238,309.14	\$ 238,309.14	\$ 0.00

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INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT
ASSET CASES

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Exhibit 8

Case No: 09-73028 MLB Judge: MANUEL BARBOSA
Case Name: MACKI, ALBERT K
MACKI, KAREN L
For Period Ending: 05/31/11 (4th reporting period for this case)

Trustee Name: DANIEL M. DONAHUE
Date Filed (f) or Converted (c): 07/22/09 (f)
341(a) Meeting Date: 09/03/09
Claims Bar Date: 11/29/10

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Abandoned OA=554(a) Abandon DA=554(c) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. Resided - 6135 Green Needle Drive.	124,000.00	0.00	DA	0.00	FA
2. Cash	140.00	0.00	DA	0.00	FA
3. Checking - Alpine Bank and First Community Credit	1,200.00	0.00	DA	0.00	FA
4. HHGS/furnishings	2,500.00	0.00	DA	0.00	FA
5. Books, pictures - normal complement	1,500.00	0.00	DA	0.00	FA
6. Wearing apparel - normal complement	2,000.00	0.00	DA	0.00	FA
7. Jewelry - normal complement	1,000.00	0.00	DA	0.00	FA
8. sporting equipment/hobby	300.00	0.00	DA	0.00	FA
9. IRA/pension	10,800.00	0.00	DA	0.00	FA
10. 1999 Peterbilt 379 (w/related ????)	8,000.00	0.00		8,000.00	FA
11. 2001 Ford Ranger	3,000.00	0.00	DA	0.00	FA
12. 2005 Kia Amanti	6,400.00	0.00	DA	0.00	FA
13. (2) computers	750.00	0.00	DA	0.00	FA
14. Post-Petition Interest Deposits (u)	Unknown	0.00		1.05	FA

				Gross Value of Remaining Assets
TOTALS (Excluding Unknown Values)	\$161,590.00	\$0.00	\$8,001.05	\$0.00
				(Total Dollar Amount in Column 6)

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

Nothing further remains to be done.

Initial Projected Date of Final Report (TFR) 03/01/11

Current Projected Date of Final Report (TFR) 05/01/11

FORM 2

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

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Exhibit 9

Case No: 09-73028 -MLB
Case Name: MACKI, ALBERT K
MACKI, KAREN L
Taxpayer ID No: *****4055
For Period Ending: 05/31/11

Trustee Name: DANIEL M. DONAHUE
Bank Name: BANK OF AMERICA, N A
Account Number / CD #: *****1813 Money Market Account (Interest Earn

Blanket Bond (per case limit): \$ 1,500,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
08/26/10	10	ALBERT AND KAREN MACKI 6135 GREEN NEEDLE DR LOVES PARK, IL 61111-7123	BALANCE FORWARD INTEREST IN 1999 PETERBILT	1129-000	8,000.00		0.00 8,000.00
08/31/10	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.01		8,000.01
09/30/10	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.20		8,000.21
10/29/10	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.20		8,000.41
11/30/10	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.20		8,000.61
12/31/10	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.20		8,000.81
01/31/11	14	BANK OF AMERICA, N.A.	Interest Rate 0.030	1270-000	0.20		8,001.01
02/17/11	14	BANK OF AMERICA, N.A.	INTEREST REC'D FROM BANK	1270-000	0.04		8,001.05
02/17/11		Transfer to Acct #*****3396	Final Posting Transfer	9999-000		8,001.05	0.00

COLUMN TOTALS	8,001.05	8,001.05	0.00
Less: Bank Transfers/CD's	0.00	8,001.05	
Subtotal	8,001.05	0.00	
Less: Payments to Debtors		0.00	
Net	8,001.05	0.00	

Page Subtotals 8,001.05 8,001.05

FORM 2

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Exhibit 9

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No: 09-73028 -MLB
Case Name: MACKI, ALBERT K
MACKI, KAREN L
Taxpayer ID No: *****4055
For Period Ending: 05/31/11

Trustee Name: DANIEL M. DONAHUE
Bank Name: BANK OF AMERICA, N A
Account Number / CD #: *****3396 GENERAL CHECKING

Blanket Bond (per case limit): \$ 1,500,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
02/17/11		Transfer from Acct #*****1813	BALANCE FORWARD				0.00
03/30/11	000100	DANIEL M. DONAHUE, TRUSTEE P.O. BOX 2903 ROCKFORD, IL 61132-2903	Transfer In From MMA Account Chapter 7 Compensation/Fees	9999-000 2100-000	8,001.05	1,550.11	8,001.05 6,450.94
03/30/11	000101	MCGREEVY WILLIAMS	Attorney for Trustee Fees (Trustee	3110-000		2,383.00	4,067.94
03/30/11	000102	MCGREEVY WILLIAMS	Attorney for Trustee Expenses (Trus	3120-000		76.76	3,991.18
03/30/11	000103	Department of the Treasury Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114	Claim 000009B, Payment 31.4%	5800-000		3,991.18	0.00

COLUMN TOTALS	8,001.05	8,001.05	0.00
Less: Bank Transfers/CD's	8,001.05	0.00	
Subtotal	0.00	8,001.05	
Less: Payments to Debtors		0.00	
Net	0.00	8,001.05	

TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCE
Money Market Account (Interest Earn - *****1813	8,001.05	0.00	0.00
GENERAL CHECKING - *****3396	0.00	8,001.05	0.00
	8,001.05	8,001.05	0.00
(Excludes Account Transfers)		(Excludes Payments To Debtors)	Total Funds On Hand

Page Subtotals 8,001.05 8,001.05

Bank of America

CUSTOMER CONNECTION
BANK OF AMERICA, N.A.
DALLAS, TEXAS 75283-2406



Account Number 4437723396
01 01 148 06 M0000 E# 4
Last Statement: 03/31/2011
This Statement: 04/29/2011

ESTATE OF
MACKI, ALBERT K, DEBTOR
MACKI, KAREN L, DEBTOR
DANIEL M. DONAHUE - TRUSTEE
09-73028
6735 VISTAGREEN WAY
ROCKFORD IL 61107

Customer Service
1-877-757-8233

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Bankruptcy Case Number: 0973028

SPECIAL MARKETS CHECKING ACCOUNT

Account Summary Information

Statement Period 04/01/2011 - 04/29/2011	Statement Beginning Balance	8,001.05
Number of Deposits/Credits 0	Amount of Deposits/Credits	.00
Number of Checks 4	Amount of Checks	8,001.05
Number of Other Debits 0	Amount of Other Debits	.00
	Statement Ending Balance	.00
Number of Enclosures 4	Service Charge	.00

Withdrawals and Debits

Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
100	1,550.11	04/01	9292858994	102	76.76	04/01	9292858993
101	2,383.00	04/01	9292858995	103	3,991.18	04/07	6292211817

Daily Balances

Date	Ledger Balance	Collected Balance	Date	Ledger Balance	Collected Balance
03/31	8,001.05	8,001.05	04/07	.00	.00
04/01	3,991.18	3,991.18	04/29	.00	.00